SHEEPGATE
A DIVISION OF
ADULT + TEEN CHALLENGE

Physical Exam Form

Name:_____ Exam Date: _____

Signature for Release:_____Date:_____

SSN:_____/____/_____ Date of Birth:_____/____/_____

Gender: ☐ Male ☐ Female

Below this line for medical staff only

Height:_____
Weight:_____
Hair Color: _____
Eye Color: _____
Ambulatory: ☐
Non-Ambulatory: ☐

Required Labs	Result
TB:	
Hepatitis ABC:	
HIV:	
CBC:	
Covid:	
Tetanus:	
Pregnancy (all females):	
PAP (all females):	

Please check any conditions requiring further medical treatment:

☐ Eyes	☐ Dental	☐ Extremities	☐ Lymph	☐ Abdomen
☐ Ears	☐ Neck	☐ Bones/joints	☐ Lungs	☐ Vascular Back
☐ Nose	☐ Thyroid	☐ Neurological	☐ Heart	☐ Genitals
☐ Throat	☐ Skin			☐ Rectal

Comments: _____

_____

List all medications the applicant is currently taking:

	Description	Purpose
1)		
2)		
3)		
4)		

Does this applicant have a medical condition that might endanger the health of staff or students in our program?

☐ Yes ☐ No Explain: _____

Is there any reason why this applicant should not assist in the preparation of food or medical services?

☐ Yes ☐ No Explain: _____

Health History

Allergies:_____
Diet:_____
Glasses:_____
Contacts:_____
Dentures:_____
Hearing Aid(s):_____

Ever withdrawn from alcohol? _____
Ever withdrawn from chemicals? _____
How many times in detox? _____
How many times in outpatient treatment? _____
How many times in inpatient treatment? _____
Date of last drug/alcohol use: _____

	Yes	No		Yes	No
Headaches			Starvation		
Dizziness			Weight loss		
Difficulty seeing			Nausea		
Difficulty hearing			Chest Pain		
Frequent earaches			Palpitations		
Hallucinations			Heartburn		
Shortness of breath			History of high blood pressure		
Chronic cough			Numbness of hands, etc.		
Frequent colds			Liver disease		
Sinusitis			Abdominal cramps		
Dental problems			Diarrhea		
Bleeding gums			Constipation		
Seizures			Hemorrhoids		
Loss of appetite			Frequent urination		
Compulsive eating			Painful urination		
Induced vomiting			Burning with urination		
Vomiting			Blood in urine		
Eating disorders			Black, tarry stools		
Anemia			Jaundice		
Arthritis			Lice/Crabs		
Athletes foot			Rashes		
Blood disorder			Skin problems		
Bruise easily			Slow healing		
Cancer			STD		
Diabetes			Tuberculosis		
Dry Skin			Unusual discharge		
History of infection					

Please Fax or Mail both pages of this form and lab results to:
Sheepgate Admissions
900 N League Rd. | PO Box 185
Colfax, Iowa 50054
(515) 674-3713 or (800) 718-8804 phone
(515) 864-0094 fax

Physician's Name: _____

Physician's Signature: _____

Name of Practice: _____

Address: _____

City:_____State:_____Zip:_____

Phone Number: ( )_____- _____

Fax Number: ( )_____- _____